

**STATE OF ALABAMA
BOARD OF EXAMINERS FOR
DIETETIC/NUTRITION PRACTICE**

2007-2009 LICENSE RENEWAL

CHECK APPROPRIATE REQUEST: (Please mark one section only)

☐ **RENEWING license for the 2007-2009 licensure period.**

☐ **RENEWING INACTIVE LICENSE: "inactive status" during the 2005-2007 licensure period.**

☐ **NOT RENEWING LICENSE: I understand that my license will expire on Sept. 30, 2007.**

☐ **REQUESTING INACTIVE STATUS. (Inactive License Request Status for licensure period 2007-2009, this cannot be used again if you were inactive during the 2005-2007 licensure period.)**

NAME: _____ (PhD, EdD, MS, RD, LN) AL LIC.# _____
Type or Print Circle Alabama License #

(Check if Address/Name has changed _____) BIRTHDATE _____ SOCIAL SECURITY _____

ADDRESS: _____
Street/PO Box City State Zip Code

TELEPHONE: (_____) _____ (Home) (_____) _____ (Work)

CHECK APPROPRIATE RENEWAL REQUEST: ☐ LIC. REG. DIETITIAN ☐ LICENSED NUTRITIONIST

PRESENT EMPLOYMENT: _____ TITLE _____

ADDRESS: _____ City _____ State _____ Zip _____

SUPERVISOR'S NAME/TITLE: _____ PHONE: (____) _____

CONTINUING EDUCATION HOURS -- FAILURE TO COMPLY WITH CEU REQUIREMENTS WILL RESULT IN LOSS OF LICENSE. 30 HOURS REQUIRED FOR LICENSURE PERIOD OCT. 1, 2005 - SEPT. 2007.

Dietitians on the CDR Portfolio System. – Include a copy of CDR registration card, and copies of your certificates of attendance to reflect 30 hours of CEU activities from October 1, 2005 thru September 2007. Include a copy of current drivers license or current photo ID.

Dietitians on the Talley Card System. - Include a copy of registration card, and a copy of your 2005-2006 and/or 2006-2007 tally cards received from the Commission on Dietetic Registration (CDR). Include a copy of current drivers license or current photo ID.

Licensed Nutr. - Include a copy of certificates of attendance to reflect 30 CPE hours. Include a copy of current drivers license or current photo ID.

FEES:

RENEWAL FEE: \$125.00 (2 years) **Must be received no later than September 30th**

LATE FEE: \$ 50.00 additional fee required for renewals received between the October 1st and Oct. 31st.

REINSTATEMENT FEE: \$100.00 additional fee required for renewals received after Oct. 31st.

PLEASE NOTE: NO LATE RENEWAL WILL BE GRANTED AFTER THE OCTOBER 31st. A \$225.00 FEE WILL BE REQUIRED TO REINSTATEMENT YOUR LICENSE.

**PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: ALABAMA BOARD OF EXAMINERS FOR
DIETETIC/NUTRITION PRACTICE, 400 SO. UNION ST., #445, MONTGOMERY, AL 36104**

SIGNATURE: _____

DO NOT WRITE IN THIS SPACE: _____ Date Received _____ Lic. Fee _____ Late Fee